United Nations E/ICEF/2000/P/L.1/Add.1

# Economic and Social Council

Distr.: Limited
14 July 2000

Original: English

*For action*

**United Nations Children's Fund**
Executive Board
**Second regular session 2000**
18-20 September 2000
Item 3 of the provisional agenda*

## Country programme recommendation**

### Rwanda

**Addendum**

*Summary*

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Rwanda for the period 2001 to 2006 in the amount of $14,147,000 from regular resources, subject to the availability of funds, and $30,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-54232(E) 180800

# Contents


| | | Page |
|---|---|---|
| | The situation of children and women | 2 |
| | Programme cooperation, 1998-2000 | 2 |
| | Recommended programme cooperation, 2001-2006 | 6 |
| List of tables | | |
| 1. | Basic statistics on children and women | 12 |
| 2. | Expenditure under previous cooperation period, 1998-2000 | 14 |
| 3. | Planned yearly expenditures | 15 |
| 4. | Linkage of programme budget and staffing/staff costs | 16 |

## The situation of children and women

1. The situation of children and women in Rwanda has seen some new developments since the country note was presented to the Executive Board earlier this year. With a number of changes in the Government during 1999 and a new Government at the beginning of 2000, some partners in ministries and departments responsible for issues related to children and women have changed. This has made it necessary to rebuild and renew assessments, policies and plans for the situation of children and women with these new partners.

2. The National Human Rights Commission and the National Unity and Reconciliation Commission were finally established and functioning by the end of 1999. Potentially, they have an important role to play in promoting implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The two commissions have recently started a dialogue with local United Nations and diplomatic missions under the leadership of the United Nations Development Programme (UNDP).

3. The initial post-genocide years saw an economy with very high growth rates due to relative peace, high aid inflows and production rebounding from very low levels. It has now reached an "adjustment phase", and growth will depend on higher real investments, confidence in the economy and increased social expenditures. Economic growth prospects for 2000 are around 5 per cent, which seems to be too low to make a substantial impact on poverty reduction. Aid inflows are now lower, the Rwandan franc is depreciating more rapidly and the Government is facing increased difficulties in raising revenues from already low levels (about 10 per cent of the gross domestic product (GDP)). Allocation to the social sectors is 4 per cent of GDP, an increase from 3.7 per cent in 1999. However, the increase does not compensate for the decline in donor funding of the social sectors.

4. The Government has made poverty eradication the *raison d'être* of its economic policy. The process of developing a national poverty reduction strategy was launched officially in June 2000. In addition to providing guidance to the Government on policy formulation, the strategy will form the basis of discussions on debt reduction. Consultations within Rwanda and with the country's development partners are planned to start in mid-2000. Identification of key programmes should be completed by end-August. The Government sees the strategy and the Medium-Term Expenditure Framework devised for the 2000-2002 budget as instruments to improve coordination among development partners as well as between the Government and its partners.

## Programme cooperation, 1998-2000

5. UNICEF supported the Ministry of Health in the revitalization of health districts to reinforce the national health system. In line with the new national health policy based on decentralization, support was provided for essential drugs, cost-sharing, organization and management of health committees and health information systems. The programme assisted in the establishment of district health committees in three health districts for a population of about 600,000. These district health committees were a mechanism for community participation in decision-making and management. Management and monitoring tools developed in UNICEF-supported districts have served as models in other health districts. One of the main priorities of the health sector was to boost expanded programme on immunization (EPI) activities. UNICEF supported routine immunization as well as national immunization days (NIDs). The programme provided vaccines, cold-chain equipment and technical assistance for the development of communication materials. The World Health Organization (WHO) assisted the Ministry of Health in refresher training of health workers and media campaigns supported by Rotary International. Owing to UNICEF advocacy, the Government allocated 25 per cent of total costs for EPI in the 1999 budget. Vaccination coverage increased from 47 to 61 per cent from 1996 to 1999. During NIDs in 1999, 96 per cent of children under five years old received two doses of polio vaccine and at least one high-dose vitamin A supplement.

6. UNICEF supported the social marketing of mosquito nets for malaria prevention in collaboration with Population Services International. Belgian Cooperation and the Government of Ireland provided funds, through UNICEF, to buy mosquito nets and retreatment kits. Training was supported for about

1,000 health animators and leaders/trainers of young people as well as peer educators in sexually transmitted infections (STIs) and HIV/AIDS prevention. Traditional birth attendants were retrained and maternity facilities were re-equipped in three health districts to provide emergency obstetrical care at district health centres and hospitals.

7. For the prevention of mother-to-child transmission (MTCT) of HIV, UNICEF supported a pilot project at Kicukiro health centre beginning in April 1999. A comprehensive package of services is provided, including prenatal and post-natal care, voluntary and confidential HIV counselling and testing, free anti-retroviral drugs and support to infant feeding decisions. The achievements of the first year are quite remarkable: of the 1,738 women who used antenatal services, 100 per cent received counselling and 77 per cent volunteered for HIV testing. The HIV prevalence rate among the pregnant women was 25 per cent; none of the women who tested positive declined to take anti-retroviral drugs. Almost all mothers delivered at the health centre, and both mothers and children are under follow-up care. An association of HIV-positive mothers was formed. The experience gained at Kicukiro in management and monitoring of these activities will serve as the basis for scaling up the programme.

8. Community-based nutrition activities were supported in three health districts. The goal was to empower communities to assess and analyse the nutrition situation and undertake possible actions to address the main causes of malnutrition. The capabilities of mothers and families to provide good care to their children were enhanced. UNICEF provided materials and equipment for growth monitoring, supported promotional activities to detect growth faltering and provided counselling to caregivers. About 200 community workers were trained in disseminating good nutrition practices. Training and communication materials were developed to support breastfeeding, appropriate complementary feeding, micronutrient-rich diets, nutritional management during and after illness, and basic hygiene practices. Vitamin A supplementation was integrated with EPI and NIDs. All salt is imported, 95 per cent is iodized and UNICEF supported monitoring at points of importation and sale.

9. The water and environmental sanitation (WES) programme supported implementation of a community-based WES pilot project to empower local communities to take ownership of water and sanitation facilities and to promote improved hygiene. Through training, supervision and the provision of equipment, users were able to install and maintain water and sanitation infrastructures. They also assumed responsibility for operating and maintenance costs. By 1999, the project had been implemented in 35 out of the 66 communes targeted. The project will cover another 12 communes in 2000. The programme developed institutional capacity to coordinate, manage, monitor and evaluate WES projects in communities. Over 300 WES technicians have been trained and equipped at the sector level to install, maintain, manage and sustain facilities and to promote improved hygiene practices. The development of a sector policy and national guidelines for building awareness and community mobilization were also supported. Manuals for trainers of technicians were developed, and over 30 trainers were trained.

10. The child protection programme focused primarily on developing capacity and on advocacy for the Government and civil society to meet their obligations to children deprived of their liberty and those growing up without parental guidance or support. Fewer than 3,000 out of 65,000 unaccompanied children identified in 1997 remained in institutions at the end of April 2000. The large majority of the children were reunified with families and relatives. More than 3,000 unaccompanied children were fostered by the end of 1999. Laws and policies to protect this category of children were drafted. Training was provided on the right to protection of reunified and fostered children. An estimated 25,000 out of 65,000 child-headed households identified by an assessment carried out jointly by UNICEF and World Vision were reached through 11 non-governmental organizations (NGOs). Initiatives were supported to ensure that this group of vulnerable children had access to formal education, health services and shelter. Psychosocial support was provided to address the most common symptoms of distress (bed-wetting, insomnia, withdrawal, depression) shown by these children.

11. An estimated 5,000 minors living in detention and re-education centres and 250 young children living with their detained mothers received basic services and psychosocial care and support. Some 403 out of 579 children under 14 years old who could not be held criminally responsible at the time of arrest were

reunited successfully with their families and communities. All young children over three years old living with their detained mothers were reintegrated with relatives. The capacity of judiciary staff to address and deal with juvenile cases was strengthened through training, which resulted in having 37 judiciary officials assigned to minors' cases. In view of the need to reinforce the prevention of delinquency and ensure appropriate detention conditions and due process, a juvenile justice manual was drafted for the judiciary staff.

12. The *Bourgmestre* (mayor of a commune) Initiative developed a plan of action to fulfil children's rights in 12 of the country's 154 communes. Community education funds were established to facilitate access to education for the most needy children. A theme related to children's rights is discussed monthly and broadcast on national radio, which reaches hundreds of thousands throughout the country. A recent assessment of the situation of child labour in Rwanda carried out by the Ministry of Labour reflected an increase in child sexual and economic exploitation. With support, UNICEF Rwanda recently ratified International Labour Organization Convention 182 and drafted a law to protect children from sexual abuse and violence.

13. The education programme focused primarily on enhancing capacity and ensuring access to and the provision of quality basic primary education to all children in Rwanda, with special attention to marginalized children. The gross enrolment rate has improved from 80 per cent in 1997/1998 to 87.9 per cent in 1999/2000, which is above the 75 per cent average for sub-Saharan Africa. UNICEF funded the construction of six primary schools (50 classrooms), supported curriculum development and the preparation of an insert on HIV/AIDS in Primary 5 science textbooks, and provided teacher training (in collaboration with the German Agency for Technical Cooperation (GTZ)) and education materials nation-wide. Some 2,500 copies of sports manuals for primary schools, in which peace education was a theme, and 27,000 peace education booklets were distributed. Five teacher trainers in each of the 12 prefectures were trained, and 1,000 schools were provided with sports equipment.

14. When approximately 600,000 people were internally displaced in the north-west region of the country in 1998-1999, UNICEF provided plastic sheeting and school materials. Teachers were also trained specifically to ensure that children were able to find in their schools — temporary as they often were - a child-friendly space where they could regain a sense of stability.

15. The Ministry of Education has recognized the technical expertise of UNICEF in the area of in-service teacher training, curriculum development (life skills, HIV/AIDS) and gender in education. As part of this, a project document on in-service teacher training was developed with the assistance of a technical adviser provided by UNICEF. It is now under review before being adopted as a sectoral policy. In addition, through the technical support of UNICEF, the Ministry of Education was able to gather and analyse reliable data at national, prefectoral and communal levels.

16. The Ministry of Education recognized its obligations to develop a non-formal education programme to get the estimated 400,000 out-of-school children, especially girls, street children and child workers (including domestic workers), into schools that are flexible enough to allow them to complete the six primary years. UNICEF provided technical support to this endeavour. National sensitization campaigns were carried out throughout the country. In the prefecture of Butare, where the impact was studied, the campaign led to a 5-10 per cent increase in the enrolment rate of excluded children, especially girls and street children, in existing schools.

17. In response to the need for strengthening capacity in the monitoring and evaluation of programmes and projects, UNICEF supported a process of establishing a National Monitoring and Evaluation Network, in collaboration with universities, research institutions and CEPEX (the aid coordination unit of the Ministry of Finance and Economic Planning). In order to ensure the coordination of baseline statistics for monitoring social indicators, the Ministry of Finance and Economic Planning and UNICEF conducted a situation analysis of the existing social information systems in 12 prefectures.

### Lessons learned from past cooperation

18. It was difficult to move from emergency to developmental programming. Achieving a transformation of this nature required discussion, advocacy and a change of attitude among UNICEF staff, partners and stakeholders.

19. As in other countries, experience gained in community-based nutrition, water, hygiene and environmental sanitation interventions confirmed that communities need to be involved in project activities from their inception. Unless they "own" their projects from the start, during implementation and after completion, sustainability will not be ensured. It has also been established that the community-based approaches used in the programme are cost-effective and result-oriented and ensure that the community assumes responsibility for operating and maintenance costs of the facilities provided.

20. Although senior government officials have expressed their commitment to fighting HIV/AIDS, there is still limited evidence that feasible plans of action to deal effectively with HIV/AIDS are being implemented. Protection from HIV/AIDS is still not seen as a right.

21. The protection of children's rights, including access to quality basic education, remained in the shadows as evidenced by low investment in the areas of basic education and child protection, human resource capacity constraints and high staff turnover, especially in the Ministry of Social Affairs. There is still a need to strengthen the capacity of government officials to appreciate and advocate for children's rights to protection and development.

22. The Government has framed a national policy on human settlement grounded in the idea of promoting grouped village settlement (*imudugudu*). This policy is at the centre of the Government's development strategy. Although a constructive dialogue is under way, Rwanda's development partners have expressed concern about voluntary acceptance, socio-economic sustainability and transparency in implementation of the villagization policy. This constitutes a major challenge for UNICEF to achieve success in community-based work and in strengthening capabilities of families, mothers and caretakers at the community level.

## Recommended programme cooperation, 2001-2006

Regular resources: $14,147,000
Other resources: $30,000,000

### Recommended programme cooperation[a]

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Survival, growth and development | 4 990 | 12 000 | 16 990 |
| Education, development and protection | 3 796 | 11 000 | 14 796 |
| HIV/AIDS prevention and child participation | 1 414 | 2 800 | 4 214 |
| Social planning and rights advocacy | 1 715 | 1 200 | 2 915 |
| Cross-sectoral costs | 2 232 | 3 000 | 5 232 |
| **Total** | **14 147** | **30 000** | **44 147** |

[a] The breakdown for estimated yearly expenditures is given in table 3.

### Country programme preparation process

23. The programme of cooperation covering the period 1998-2000 aimed to provide a bridge between emergency and development activities according to the Government's development goals. The country programming process for 2001-2006 started with two milestone activities in 1999: the mid-term review (MTR) for the programme in June and the strategy meeting in September, which was chaired by the Secretary-General of the Ministry of Finance and Economic Planning.

24. The MTR showed the need for clearer strategies for bringing successful programmes to scale. The recommendations from the MTR were useful as a formative review of the three-year programme and a prelude to the strategy meeting, leading to the preparation and submission of the country note. To guide the development of the new master plan of operations, an interministerial working committee and four sectoral working groups were formed. The interministerial working committee coordinated the new country programming exercise and ensured that the agreed priorities and strategies were included. The intersectoral working groups aimed at developing the programme plan of operations for each of the four proposed programmes. All relevant line ministries and child rights-oriented NGOs were represented in the sectoral working groups.

### Country programme goals and objectives

25. The goal of the programme is to support the fulfilment of women's and children's rights in Rwanda.

26. The country programme will have four major objectives: (a) to reduce mortality and morbidity among children under five years old and to reduce maternal mortality by 25 per cent, (b) to ensure universal access to quality primary education and improve young people's quality of life; (c) to reduce exploitation, abuse and harm of children and enhance protection measures for children with special needs; and (d) to promote the involvement of children in the decision-making process at the community level on issues that affect them.

### Relation to national and international priorities

27. The new Government of Rwanda/UNICEF country programme has been developed from the situation analysis as well as from the Government priorities and UNICEF global and regional priorities.

28. The Government has established objectives for the social sectors, including health, water and sanitation, education and juvenile justice. The Government has recognized that women play an important role in the economic and social development of the country, while girls lack adequate access to quality education. The HIV/AIDS crisis is slowly becoming one of the Government's highest priorities, and a multisectoral approach has been proposed to address the epidemic.

29. Of the 11 themes in the Common Country Assessment conducted by United Nations agencies during 1999 and 2000, three are of particular interest to the new Government of Rwanda/UNICEF programme: child protection; health, nutrition, water and sanitation; and HIV/AIDS. The 2001-2006 programme cycle will also allow harmonization with other United Nations programmes in Rwanda.

### Programme strategy

30. The major strategies are:

(a) Participatory capacity development, especially at local and community levels. The participation of organized community groups and civil society organizations in the planning, implementation, maintenance, monitoring, evaluation and cost-sharing processes will ensure ownership and sustainability of the programme. The Government policy on decentralization gives the Community Development Committees (CDCs) a central role at the peripheral level. UNICEF will carefully monitor the capacity and effectiveness of the functioning of CDCs as this is a newly formed arm of Government for community-level implementation;

(b) Service delivery to meet critical needs and as part of emergency response. Service delivery will continue to be part of UNICEF programme implementation to meet critical needs. Considering the post-genocide situation in Rwanda and the unpredictable situation in the Great Lakes Region, the programme and its projects will also have the flexibility to provide critical services as emergency responses in any part of the country, if necessary;

(c) Advocacy to promote awareness of and action for children's and women's rights. Rights

advocacy will encourage government and civil society organizations to use the two Conventions to guide actions in implementing programmes. Advocating the applications of children's rights to survival, protection and participation will be organized to help institutions at all levels understand these Conventions as legally binding.

31. The objectives of the *survival, growth and development* programme are to support national efforts for the fulfilment of children's and women's right to life, survival and development. The goals are: to reduce infant and child deaths related to malaria, acute respiratory infections and diarrhoea by 50 per cent; to increase immunization coverage from 61 to 90 per cent; to increase access to quality primary health care from 50 to 75 per cent in all health districts; and to reduce MTCT of HIV by 30 per cent. Further objectives are to reduce malnutrition among children under five years old, increase access to and use of safe drinking water, improve hygiene practices, and improve sanitation in rural communities and schools.

32. Components such as child immunization, control of micronutrient deficiencies, and hygiene, environment and health education will be implemented nation-wide. The components of reproductive health and community-based water supply in schools will be implemented in selected areas to be determined jointly by the Government and UNICEF. Priority will be given to prefectures where UNICEF-supported activities have already been initiated. The main strategy of the programme will be to strengthen capacity development of families, especially mothers, parents and caregivers, and empower them to provide better care of their children. The programme will work closely with communities to strengthen their capacities to identify and find solutions to the causes of ill health and malnutrition and to create a healthy environment for families. Because of the post-genocide situation, the level of poverty and the burden of HIV/AIDS in Rwanda, the programme will continue to support service delivery and facilitate access of women and children to quality services.

33. The prevention of MTCT will be an essential focus of this programme. Based on the successful implementation of the first pilot phase, three more sites will be established by the end of year 2000. During the new programme, interventions for the prevention of MTCT will be further scaled up and integrated into regular antenatal and post-natal care. UNICEF will facilitate international knowledge networking, provide technical leadership, support training, and supply anti-retroviral drugs, essential products and materials. The United States Agency for International Development (USAID) is expected to provide assistance for improvement of reproductive health services at prevention of MTCT sites and the United States Centers for Disease Control and Prevention in Atlanta, Georgia, will participate in research.

34. The programme will also include development of the community component of the Integrated Management of Childhood Illness (IMCI) initiative, support to routine child immunization as well as NIDs, and social marketing of impregnated mosquito nets for malaria prevention. Vitamin A and iron/foliate supplementation will be supported through the maternal and child health network. The promotion of cost-effective appropriate WES facilities at primary schools will encourage behavioural changes using child-to-child and child-to-community approaches.

35. UNICEF will provide technical assistance for policy development, norm definition, and elaboration of training and communication materials for community facilitators and mobilizers. UNICEF will provide complementary support by supplying vaccines and vitamin A and iron/foliate supplements as well as materials and equipment for growth monitoring and promotion and for water supply in primary schools. The Government is expected to cover around 50 per cent of costs for child immunization by the end of the country programme. Regular resources will be allocated mainly to IMCI, nutrition and WES projects. The prevention of MTCT and malaria control are more likely to receive funding from other resources.

36. The programme will be implemented mainly through local communities and CDCs; the Ministries of Health, Local Government, and Water, Energy and Natural Resources; local and international NGOs; and in collaboration with United Nations and bilateral agencies, including USAID, Belgian Cooperation and Irish Cooperation. UNICEF will be involved from an early stage in the consultation process of the World Bank Sector Investment Programme in Health.

37. The *education, development and protection* programme will be comprised of two projects: education and development, and right to protection, both of which will be national in scope. The expected results are: improved quality in education, with an

emphasis on child-friendly elements; increased enrolment; and improved retention, particularly for girls. The programme will aim to reduce the drop-out and repetition rates to 20 and 10 per cent, respectively. Curricula on gender equity, life skills and the prevention of HIV/AIDS, as well as for non-formal education, will be developed. Interactive and participatory training and supplies will be provided. The objective is to reach 35,000 out-of-school children through non-formal education. The programme will also aim to strengthen the juvenile justice system and provide models for care of orphans, with strong components on psychosocial care. Child Rights Networks based in bourgmestres' offices will be set up in communes in four prefectures. These networks will be composed mainly of representatives of youth, teachers, health workers, clergy and parents. Their role will be to ensure that rights are always part of the agenda for officials and organizations dealing with children, as well as to monitor and report to local authorities on the status of children's rights in their communities. Youth and women's groups will be trained as trainers on HIV/AIDS prevention awareness and life skills.

38. Advocacy and mobilization activities will include producing information, education and communication materials on existing laws, HIV/AIDS, prevention of delinquency, changing the image of street children, exploitative labour, sexual violence and abuse. They will also include support for media initiatives, including radio programmes and street theatre on these same issues, and facilitation of the development of the Child Rights Networks.

39. Support will be provided to detained minors and street children for rehabilitation, family mediation and reunification. UNICEF will advocate to Government and donors to allocate resources to the established legal defence fund for children who go to trial, either as offenders or as victims. Community models for care of orphans will be developed, with both local and international NGOs. Schemes for orphans, including community day-care centres, and support for medical expenses and funeral benefits will be piloted. New legislation on juvenile justice and exploitation of child labourers will be supported.

40. The main coordinating partners will be the Ministry of Education's Pre-school and Primary School Directorate, the National Curriculum Development Centre, the Ministry of Justice (Juvenile Justice), and the Ministry of Local Government and Social Affairs (Care and Protection Department). Local communities, NGOs and CDCs will play a critical role in programme implementation.

41. The education and development project is designed jointly with the Ministry of Education and takes into account new and ongoing projects being developed with the World Bank, the Department for International Development (DfID)(United Kingdom), GTZ and French Cooperation. There is an opportunity for greater partnership in basic education and child protection through mechanisms such as the proposed sector-wide approach in a few years as well as through the National Poverty Reduction and Growth Strategy Plan and the United Nations Development Assistance Framework (UNDAF).

42. The objective of the *HIV/AIDS prevention and child participation* programme is to protect all young people from HIV/AIDS and STIs. The strategy will be to develop their capacity to claim and realize their right to participation in decision-making related to HIV/AIDS and other key problems of children and young people. The programme will seek to increase awareness, encourage adoption of healthy behaviour among youth, and improve care and support for HIV-positive youth. Its goal is to contribute to a 40 per cent reduction of HIV infection among youth by 2006.

43. The programme will focus on life skills education for HIV prevention and youth development. Areas of intervention will include: support for the development and implementation of HIV/AIDS plans of action for youth at national, prefectoral and communal levels; inclusion of HIV/AIDS components in school curricula; and promotion of peer education through establishment of anti-AIDS clubs in schools. The training of trainers on HIV transmission, hygiene and care of youth with AIDS, and the development of capacities of youth associations or associations working with youth for HIV/AIDS prevention and care, will also be included. Other areas of focus will be the development of communication strategies targeting schoolchildren, out-of-school children, street children, sexually active adolescents, and youth-friendly services to support voluntary confidential counselling and testing for youth. It is expected that significantly more youth will adopt safe sex practices as a result and that unwanted pregnancies among girls and STI prevalence among youth both in and out of school will be reduced.

44. The programme will collaborate with local associations working with children on AIDS prevention and with prefectoral HIV/AIDS commissions. A multisectoral approach will be used. The key partners will be the Ministry of Youth, the National Youth Council, the Ministry of Education, the Ministry of Health, and the Ministry of Local Government and Social Affairs; national and international NGOs, churches and community-based organizations; United Nations agencies, including UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA) and WHO under the umbrella of the Joint United Nations Programme on HIV/AIDS. It is recognized by United Nations partners that UNICEF will play the lead role in the area of HIV/AIDS among youth.

45. The scope of the *social planning and rights advocacy* programme is to enhance social planning, monitoring and evaluation systems in child rights at national and community levels. The programme will support government counterparts to strengthen national institutions in developing capacities for analysis, design, formulation, implementation, monitoring and evaluation of programmes targeting children and women. The programme will also aim to reinforce national capacity to collect, analyse and disseminate information and social statistics. Support to the social information systems will generate quantitative and qualitative data on a continuous basis for regular updating of the situation analysis of children and women. The data will be used in the preparation of annual and mid-term reviews of the programme and in the development of annual plans of action for sectoral programmes. At the same time, the programme will put a strong focus on strengthening the internal monitoring system of UNICEF.

46. The rights advocacy component of the programme will seek to increase the commitment of duty-bearers at national, prefecture and commune levels. The purpose is to persuade them to allocate adequate human and financial resources to programmes and projects aimed at fulfilling of the rights of children and women. Support will be provided to the National Human Rights Commission to play a lead role in the reporting process of the Convention on the Rights of the Child. Partnerships between the Government, Parliament and civil society organizations will be promoted to influence policy formulation and legal reforms for the protection of the rights of children and women. Support will also be provided to empower children and women to claim their rights through youth clubs, health committees, women's organizations, anti-AIDS clubs and school sanitation committees.

### Monitoring and evaluation

47. Key outcome and process indicators will be used to measure achievement of the country programme objectives. Immunization coverage rates, the incidence of malaria, the time taken to repair water facilities, measures of access to safe water, and the number of functioning community-based WES committees by communes will indicate the progress of the survival, growth and development programme. HIV sero-prevalence rates among targeted groups, morbidity, mortality and HIV infection rates among children whose mothers are covered by the interventions for the prevention of MTCT during the first two years of life will show the effectiveness of HIV/AIDS interventions. The enrolment and drop-out rates, girls' enrolment, and the number of working and street children attending catch-up learning centres will measure achievements of the right to education. As part of the Integrated Monitoring and Evaluation Plan, major evaluations in the areas of malaria, HIV/AIDS and basic education will be undertaken to measure the outcome and impact of specific projects. Annual reviews will be organized under the auspices of the Ministry of Finance and Economic Planning. Lessons learned from annual reviews will be used to improve programme management. The country programme will be evaluated through an MTR in early 2004. Achievement of the various programme components will be monitored through review meetings, supervisory field reports, special studies and routine reporting using quality assurance indicators and existing social information systems.

### Collaboration with partners

48. To ensure effective coordination and complementarity of activities and pursuit of the objectives of the programme of cooperation, UNICEF and the Government will collaborate with United Nations agencies, bilateral and multilateral institutions, NGOs and civil society organizations implementing or supporting related programmes and sectors. Some major partners are WHO, UNFPA, UNDP, UNESCO,

GTZ, Save the Children Alliance, *AIDE et Action*, Action AID, CARE International and Impact.

49. Strong partnerships in programme planning and targeting, fund allocation and capacity development at national, prefecture, commune and sector levels will be developed with all the actors in the programme areas to ensure the effective use of resources. The programme will seek collaboration with the World Bank, DfID, and Dutch and French Cooperation in the education sector; the World Bank, GTZ and Dutch Cooperation in the WES sector; USAID, the Governments of Belgium and Ireland, and the European Union for health, nutrition and HIV/AIDS; and the European Union, and the Governments of Sweden and the Netherlands, in the protection sector. All major donors will be invited to participate in the MTR and in major programme reviews. With the completion of the UNDAF in 2000, the Government of Rwanda/UNICEF programme of cooperation will have an important frame of reference in the elaboration of the new programme.

**Programme management**

50. Although the new country programme is not sectoral, the four programme components will entail day-to-day work with several ministries. Based on this, the country programme will be coordinated at the national level by the Ministry of Finance and Economic Planning. The management and monitoring of the country programme at the technical level will be under CEPEX. At the national level, an interministerial committee comprised of eight main Government ministries has been set up to manage and monitor the country programme. This committee will recommend the appropriate bodies to carry out the same function at prefecture, commune and sector levels.

51. Programme planning and monitoring meetings will be held every quarter, with annual review meetings during the last quarter of the year. The report from the programme management and monitoring exercise will be a major input into the MTR. Annual programme plans of action (PPAs) will form the basis for monitoring project implementation. Annual project monitoring will directly influence the planning and preparation of PPAs for the following year.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Rwanda | (1998 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 170 | (1998) | Very high U5MR |
| Infant mortality rate | 105 | (1998) | Very high IMR |
| GNP per capita | $ 230 | (1998) | Low GNP |
| Total population | 6.6 million | (1998) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 1998 |
|---|---|---|---|---|---|
| Births | (thousands) | 197 | 269 | 280 | 283 |
| Infant deaths (under 1) | (thousands) | 24 | 35 | 28 | 30 |
| Under-five deaths | (thousands) | 41 | 59 | 45 | 48 |
| Under-five mortality rate (per 1,000 live births) | | 210 | 218 | 161 | 170 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 124 | 129 | 99 | 105 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1976/1997) | Moderate & severe | 28 | 27* |
| | Severe | 6 | 11* |
| Babies with low birth weight (%, 1971/1990) | | 17 | 17 |
| Primary school children reaching grade 5 (%, 1983/1991) | | 64 | 60 |

| NUTRITION INDICATORS | About 1980 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%, 1992) | .. | 90 |
| Timely complementary feeding rate (6-9 mos.) (%, 1992) | .. | 68 |
| Continued breast-feeding rate (20-23 mos.) (%, 1992) | .. | 85 |
| Prevalence of wasting (0-59 mos.) (%, 1976/1997) | 5 | 9* |
| Prevalence of stunting (0-59 mos.) (%, 1976/1997) | 37 | 42* |
| Vitamin A supplementation coverage (6-59 mons.) (%, 1998) | .. | 75 |
| Household consuming iodized salt (%, 1996) | .. | 95 |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1992) | | .. | 47 |
| Routine EPI vaccines financed by government (%, 1998) | | .. | 0 |
| Access to safe water | Total | 50 | 57 |
| (% of population, 1985/1995) | Urban/rural | 79 / 48 | .. / .. |
| Access to adequate sanitation | Total | 57 | 13 |
| (% of population, 1985/1995) | Urban/rural | 77 / 55 | .. / .. |
| Births attended by trained personnel (%, 1979/1992) | | 25 | 26 |
| Maternal mortality rate (per 100,000 live births) | | .. | .. |

| Immunization | | 1981 | 1985 | 1990 | 1998 |
|---|---|---|---|---|---|
| One-year-old (%) immunized against: | Tuberculosis | 51 | 83 | 92 | 79 |
| | DPT | 17 | 50 | 84 | 77 |
| | Polio | 15 | 56 | 83 | 77 |
| | Measles | 42 | 52 | 83 | 56 |
| Pregnant women (%) immunized against: | Tetanus | 5 | 21 | 87 | 43 |

* Aged (6-83 months).

TABLE 1 (continued)

Rwanda

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1985/1997*) | Total | 63 / 60 | 88 / 67 |
| | Male | 65 / 61 | 88 / 67 |
| | Female | 61 / 59 | 88 / 68 |
| Secondary enrolment ratio (gross/net) (%, 1985/1991) | Total | 6 / .. | 11 / 8 |
| | Male | 7 / .. | 12 / 9 |
| | Female | 5 / .. | 9 / 7 |
| Adult literacy rate, 15 years & older (%, 1985/1996*) | Total | 47 | 53 |
| | Male/female | 57 / 36 | 56 / 50 |
| Radio/television sets (per 1,000 population, 1985/1997) | | 55 / .. | 101 / 0.1 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1998 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 3728 | 5163 | 6987 | 6604 | 7733 |
| Population aged 0-18 years | (thousands) | 1981 | 2850 | 3791 | 3513 | 4072 |
| Population aged 0-5 years | (thousands) | 748 | 1049 | 1272 | 1156 | 1339 |
| Urban population (% of total) | | 3.0 | 5.0 | 5.0 | 6.1 | 6.0 |
| Life expectancy at birth (years) | Total | 44 | 46 | 36 | 41 | 41 |
| | Male | 43 | 44 | 35 | 39 | 40 |
| | Female | 46 | 47 | 37 | 42 | 42 |
| Total fertility rate | | 8.1 | 8.3 | 6.8 | 6.1 | 5.9 |
| Crude birth rate (per 1,000 population) | | 53 | 52 | 44 | 43 | 42 |
| Crude death rate (per 1,000 population) | | 21 | 19 | 30 | 21 | 21 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1983/1992) | | 10 | 21 |
| Population annual growth rate (%, 1970-1990/1990-1998 ) | Total | 3.1 | -0.7 |
| | Urban | 5.7 | 0.9 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1965-1980/1990-1998) | | 1.6 | -4.3 |
| Inflation rate (%, 1965-1980/1990-1998) | | 12 | 18 |
| Population below $1 a day (%, 1983-1985) | | .. | 36 |
| Household income share (%, 1983-1985) | Top 20%/bottom 40% | 39 / 23 | .. / .. |
| Government expenditure (% of total expenditure, 1987) | Health/education | 5** / 26** | .. / .. |
| | Defense | .. | .. |
| Household expenditure (% share of total, 1980 or 1985) | Health/education | 3 / 4 | .. / .. |
| Official development assistance: ( 1980/1998) | $US millions | 155 | 350 |
| | As % of GNP | 13 | 23 |
| Debt service (% of goods and services exports, 1980/1997) | | 2 | 10 |

** UNICEF Field Office source.

* EFA 2000 database.

## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1998-2000 a/

COUNTRY: RWANDA
LATEST BOARD APPROVAL: 1997
GENERAL RESOURCES: $4,860,000.00

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Regular resources b/ | | Other resources | | Total (RR & OR) | |
| | RR b/ | OR | RR b/ | OR | RR b/ | OR | RR b/ | OR | Actual | Planned | Actual | Planned | Actual | Planned |
| Health | 15 | 1,028 | 57 | 59 | 442 | 27 | 43 | 9 | 557 | 750 | 1,123 | 6,250 | 1,680 | 7,000 |
| Nutrition | 208 | | 19 | | 215 | 80 | 20 | 6 | 462 | 450 | 86 | 2,550 | 548 | 3,000 |
| Water and environmental sanitation | 15 | | 55 | | 44 | | 85 | | 199 | 300 | | 4,700 | 199 | 5,000 |
| Education | 98 | 105 | 68 | 38 | 83 | 194 | 64 | 11 | 313 | 660 | 348 | 6,340 | 661 | 7,000 |
| Child protection | 7 | 29 | 3 | 70 | 22 | 254 | 214 | 1,433 | 246 | 450 | 1,786 | 7,050 | 2,032 | 7,500 |
| Monitoring and advocacy | 93 | | 110 | | 334 | | 94 | | 631 | 1,200 | | 750 | 631 | 1,950 |
| Cross-sectoral costs | 13 | 16 | | | 535 | 20 | 128 | 161 | 676 | 1,050 | 197 | 3,500 | 873 | 4,550 |
| Emergency | 5 | 3,930 | | 584 | | 1,667 | | 5,356 | 5 | | 11,537 | | 11,542 | |
| GRAND TOTAL | 454 | 5,108 | 312 | 751 | 1,675 | 2,242 | 648 | 6,976 | 3,089 | 4,860 | 15,077 | 31,140 | 18,166 | 36,000 |

RR = Regular resources
OR = Other resources

a/ Actual expenditure includes expenditure recorded as of 31 May 2000

b/ Actual GR expenditure includes allocations from global funds

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: RWANDA
PROGRAMME CYCLE : 2001-2006

| | FUND | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | RR | 830,000 | 830,000 | 831,000 | 833,000 | 833,000 | 833,000 | 4,990,000 |
| | FOR | | | | | | | |
| CHILD SURVIVAL, GROWTH & DEV. | NOR | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 12,000,000 |
| | TOTAL | 2,830,000 | 2,830,000 | 2,831,000 | 2,833,000 | 2,833,000 | 2,833,000 | 16,990,000 |
| | RR | 631,000 | 631,000 | 632,000 | 634,000 | 634,000 | 634,000 | 3,796,000 |
| | FOR | | | | | | | |
| EDUCATION, DEV. & PROTECTION | NOR | 1,800,000 | 1,800,000 | 1,800,000 | 1,800,000 | 1,800,000 | 2,000,000 | 11,000,000 |
| | TOTAL | 2,431,000 | 2,431,000 | 2,432,000 | 2,434,000 | 2,434,000 | 2,634,000 | 14,796,000 |
| | RR | 233,000 | 233,000 | 234,000 | 238,000 | 238,000 | 238,000 | 1,414,000 |
| | FOR | | | | | | | |
| HIV/AIDS PREVENTION & CHILD PART | NOR | 466,000 | 466,000 | 466,000 | 466,000 | 466,000 | 470,000 | 2,800,000 |
| | TOTAL | 699,000 | 699,000 | 700,000 | 704,000 | 704,000 | 708,000 | 4,214,000 |
| | RR | 284,000 | 284,000 | 285,000 | 288,000 | 287,000 | 287,000 | 1,715,000 |
| | FOR | | | | | | | |
| SOCIAL PLANNING & RIGHTS ADVOCACY | NOR | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 | 1,200,000 |
| | TOTAL | 484,000 | 484,000 | 485,000 | 488,000 | 487,000 | 487,000 | 2,915,000 |
| | RR | 370,000 | 372,000 | 372,000 | 372,000 | 373,000 | 373,000 | 2,232,000 |
| | FOR | | | | | | | |
| CROSS-SECTORAL COSTS | NOR | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 | 3,000,000 |
| | TOTAL | 870,000 | 872,000 | 872,000 | 872,000 | 873,000 | 873,000 | 5,232,000 |
| | RR | 2,348,000 | 2,350,000 | 2,354,000 | 2,365,000 | 2,365,000 | 2,365,000 | 14,147,000 |
| | FOR | | | | | | | |
| TOTAL, PROGRAMME BUDGET | NOR | 4,966,000 | 4,966,000 | 4,966,000 | 4,966,000 | 4,966,000 | 5,170,000 | 30,000,000 |
| | TOTAL | 7,314,000 | 7,316,000 | 7,320,000 | 7,331,000 | 7,331,000 | 7,535,000 | 44,147,000 |
| STAFF COSTS a/ | | 731,219 | 853,916 | 909,632 | 951,473 | 995,278 | 1,012,376 | 5,453,894 |
| GENERAL OPERATING COSTS | | 407,894 | 416,322 | 424,748 | 433,244 | 441,817 | 450,740 | 2,574,765 |
| TOTAL, ESTIMATE SUPPORT BUDGET | | 1,139,113 | 1,270,238 | 1,334,380 | 1,384,717 | 1,437,095 | 1,463,116 | 8,028,659 |
| GRAND TOTAL | | 8,453,113 | 8,586,238 | 8,654,380 | 8,715,717 | 8,768,095 | 8,998,116 | 52,175,659 |

RR = regular resources
FOR = funded other resources
NOR = new other resources

a/ Including consultants and temporary assistance.

# Table 4

COUNTRY RWANDA
PROGRAME 2001-2005

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET | | | | POSTS a/ | | | | | | | | | | STAFF COSTS b/ | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | RR | FOR | NOR | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| REGULAR RESOURCES | | | | | | | | | | | | | | | | | |
| CHILD SURVIVAL, GROWTH & DEV | 4,999,000 | | | 4,999,000 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | 1 | 1 | 5 | 1,083,795 | 584,907 | 1,668,702 |
| EDUCATION, DEV. & PROTECTION | 3,796,000 | | | 3,796,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 3 | 1,083,795 | 230,711 | 1,314,506 |
| HIV/AIDS PREVENTION & CHILD PART | 1,414,000 | | | 1,414,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SOCIAL PLANNING & RIGHTS ADVOCACY | 1,715,000 | | | 1,715,000 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 2 | 4 | 909,705 | 368,210 | 1,268,915 |
| CROSS-SECTORAL COSTS | 2,232,000 | | | 2,232,000 | 0 | 1 | 0 | 0 | 0 | 0 | - | 1 | 14 | 15 | 0 | 1,570,286 | 1,570,286 |
| TOTAL RR | 14,147,000 | | | 14,147,000 | 0 | 0 | 0 | 2 | 1 | 0 | 5 | 4 | 18 | 29 | 3,068,295 | 2,754,114 | 5,822,409 |
| OTHER RESOURCES | | | | | | | | | | | | | | | | | |
| CHILD SURVIVAL, GROWTH & DEV | | 0 | 12,000,000 | 12,000,000 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 3 | 2 | 7 | 1,984,500 | 683,161 | 2,667,661 |
| EDUCATION, DEV. & PROTECTION | | 0 | 11,000,000 | 11,000,000 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 2 | 1 | 5 | 1,883,410 | 484,472 | 2,265,882 |
| HIV/AIDS PREVENTION & CHILD PART | | 0 | 2,800,000 | 2,800,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 2 | 5 | 1,083,795 | 518,085 | 1,601,880 |
| SOCIAL PLANNING & RIGHTS ADV. ACY | | 0 | 1,200,000 | 1,200,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CROSS-SECTORAL COSTS | | 0 | 3,000,000 | 3,000,000 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 4 | 6 | 909,705 | 483,619 | 1,384,324 |
| TOTAL OR | | 0 | 30,000,000 | 30,000,000 | 0 | 0 | 0 | 1 | 5 | 0 | 6 | 8 | 9 | 23 | 5,770,410 | 2,149,557 | 7,919,967 |
| TOTAL RR & OR | 14,147,000 | 0 | 30,000,000 | 44,147,000 | 0 | 0 | 0 | 3 | 6 | 0 | 9 | 16 | 27 | 52 | 8,838,705 | 4,903,671 | 13,742,376 |
| SUPPORT BUDGET | | | Operating costs | 2,574,765 | | | | | | | | | | | | | |
| | | | Staffing | | 0 | 0 | 1 | 2 | 1 | 0 | 4 | 4 | 4 | 12 | 4,346,458 | 1,107,436 | 5,453,894 |
| GRAND TOTAL (RR + OR + SB) | | | | | 0 | 0 | 1 | 5 | 7 | 0 | 13 | 20 | 31 | 64 | 13,185,163 | 6,011,107 | 19,196,270 |
| Number of posts and staff costs: | | | | | | | | | | | | | | | | | |
| Current programme cycle | | | | | | | | | | | 13 | 16 | 34 | 63 | | | |
| At the end of proposed programme cycle (indicative only) | | | | | | | | | | | 13 | 20 | 31 | 64 | 13,185,163 | 6,011,107 | 19,196,270 |

RR = regular resources
OR = other resources
FOR = funded other resources
NOR = new other resources
IP = international Professional
NP = national Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole
b/ Excludes temporary assistance and overtime